

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
MEDICAL DATA SYSTEMS, INC.
D.B.A. MEDICAL REVENUE SERVICES
% JAMES F. MCCOLLUM, P.A.
2001 9th AVE., STE 312
VERO BEACH, FL 32960

(REGISTERED AGENT)

2. Article Number
(Transfer from service label)
 2006 0810 0006 7248 7385

2011 February 2004

COMPLETE THIS SECTION ON DELIVERY
 FILED 10/27/2006

A. Signature

XMR *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

USA Flanagan

C. Date of Delivery

10-25-06

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below:

DeW949

No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540